

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Foor, Kevin S.

Case No. 19-70130-JAD

Reporting Period: June 30 2019

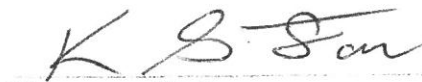
MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 14 days after end of month.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)		
	MOR-1 (INDV)		
Schedule of Cash Receipts and Disbursements - continuation	(CONT)		
Bank Reconciliation		X	
Copies of bank statements		X	
Cash disbursements journals			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR- 4		
Debtor Questionnaire	MOR- 5		

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.



Signature of Debtor

7-10-2019

Date

Signature of Joint Debtor

Date

Signature of Preparer

Date

Printed Name of Preparer

FORM MOR (INDV)  
(10/00)

Foor, Kevin S.

Debtor

Case No. 19-70130-JAD

Reporting Period: 6-1-19-6-30-19

## INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account.

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	138.03	
<b>RECEIPTS</b>		
Wages (Net)	0	
Interest and Dividend Income	0	
Alimony and Child Support	0	
Social Security and Pension Income	0	
Sale of Assets	0	
Other Income (attach schedule)	0	
<b>Total Receipts</b>	0	
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS:</b>		
Mortgage Payment(s)	0	
Rental Payment(s)	0	
Other Secured Note Payments	0	
Utilities	0	
Insurance	0	
Auto Expense	0	
Lease Payments	0	
IRA Contributions	0	
Repairs and Maintenance	0	
Medical Expenses	0	
Household Expenses	0	
Charitable Contributions	0	
Alimony and Child Support Payments	0	
Taxes - Real Estate	0	
Taxes - Personal Property	0	
Taxes - Other (attach schedule)	0	
Travel and Entertainment	0	
Gifts	0	
Other (attach schedule)	0	
<b>Total Ordinary Disbursements</b>		
<b>REORGANIZATION ITEMS:</b>		
Professional Fees	0	
U. S. Trustee Fees	0	
Other Reorganization Expenses (attach schedule)	0	
<b>Total Reorganization Items</b>	0	
<b>Total Disbursements (Ordinary + Reorganization)</b>	0	
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>	0	
<b>Cash - End of Month (Must equal reconciled bank statement)</b>	0	

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
<u>Other Income</u>		
<u>Other Taxes</u>		
<u>Other Ordinary Disbursements</u>		
<u>Other Reorganization Expenses</u>		



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### STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero. Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
<b>Federal</b>						
Withholding						
FICA-Employee						
FICA-Employer						
Unemployment						
Income						
Other:						
<b>Total Federal Taxes</b>						
<b>State and Local</b>						
Withholding						
Sales						
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
<b>Total State and Local</b>						
<b>Total Taxes</b>	0	0	0	0	0	0

### SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Other:						
Other:						
<b>Total Postpetition Debts</b>						

Explain how and when the Debtor intends to pay any past-due postpetition debts.

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\*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-5  
(9/99)



First National Bank

4140 E. State Street  
Hermitage, PA 16148**Statement Ending 06/28/2019**

BDT OF SAXTON LLC

Page 1 of 2

Primary Account Number: 95403126

**ADDRESS SERVICE REQUESTED**BDT OF SAXTON LLC  
DBA SAXTON STATION PHARMACY  
KEVIN S FOOR  
D.I.P.  
907 FRAME CHURCH RD  
EVERETT PA 15537-7970**Managing Your Accounts**

	Online	www.fnb-online.com
	By Phone	1 800-555-5455
	By Mail	4140 E. State Street Hermitage, PA 16148

**Summary of Accounts**

Account Type	Account Number	Balance This Statement
FREE SMALL BUSINESS CHECKING	95403126	\$138.03

**FREE SMALL BUSINESS CHECKING - 95403126****Account Summary**

Date	Description	Amount		
06/25/2019	Balance Last Statement	\$0.00	Minimum Balance	\$138.03
	1 Credit(s) This Period	\$138.03	Average Ledger Balance	\$138.03
	0 Debit(s) This Period	\$0.00	Average Available Balance	\$92.02
06/28/2019	Balance This Statement	\$138.03		

**Account Activity**

Post Date	Description	Debits	Credits	Balance
06/25/2019	Balance Last Statement			\$0.00
06/26/2019	DEPOSIT		\$138.03	\$138.03
06/28/2019	Balance This Statement			\$138.03

**Daily Balances**

Date	Amount
06/26/2019	\$138.03

Member  
FDIC